



Administration 797-1020  
Budget & Finance 797-1050  
Development Services 797-1111  
Engineering 797-1113  
Fire Department 797-1211  
Human Resources 797-1010

Parks & Recreation 797-1145  
Police Department 553-5200  
Public Works 797-1240  
Town Clerk's Office 797-1023  
Utilities 433-4000

Town of Davie

6591 Orange Drive Davie, Florida 33314-3399

(954) 797-1000

## PARADE PERMIT APPLICATION

Date 9-20-02

Organization Broward Coalition for the Homeless  
Address P.O. Box 030177 Ft. Lauderdale, FL 33303-0177  
City State Zip  
Name of Representative(s) Renee L. Grant Phone Number (954) 474-4074  
Address 2233 S. University Dr. Davie FL 33324  
City State Zip

Number of Parade Entrants 500 Number of Spectators Expected 100  
Date of Parade 2/22/03 Hours of Parade 7:00 (set-up) to 10:00 a.m.  
Route of Parade see attached map

Applicant's Signature

Renee L. Grant

Date of Council Meeting \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

**\*\*This application will be reviewed by a staff committee and if warranted, there may be a possibility of a service fee due to the size/extent of the event.**

**NOTE:** Per Section 21-4 of the Town's Code, the Town Council shall be sole authority for the approval of permits to conduct parades on or about the Town's public rights-of-way. The civic organization making application to conduct such parade shall have the sole responsibility and prerogative to determine who the participants and/or participating organizations shall be. Permits shall be granted subject to federal, State and Town of Davie laws.

**THE TOWN OF DAVIE REQUIRES A CERTIFICATE OF INSURANCE OF NO LESS THAN \$1,000,000 NAMING THE TOWN OF DAVIE AS AN ADDITIONAL INSURED**

### 15K race course

Minimum Elevation = 5'  
Maximum Elevation = 15'  
Difference Start to Finish = 0'

**RUNNER INSTRUCTIONS:**

**RUN START : 700 AM Sharp**

**AFTER ENTERING TREE TOPS PARK ALL RUNNERS MUST STAY IN THE RIGHT HAND LANE. DO NOT CROSS OVER THE CENTER LANE MARKINGS.**

**ON NOB HILL ROAD STAY IN YOUR LANE.**

**ON ORANGE DRIVE FOLLOW YOUR LANE MARKINGS.**

**REPORT ANY LAME OR INJURED RUNNERS TO THE NEXT WATER STOP.**

**Water stops are approximately every 1 or 1.5 miles. This is only a sketch map. Exact locations of marks and water stops are not exact.**

**RUN START : 700 AM Sharp**

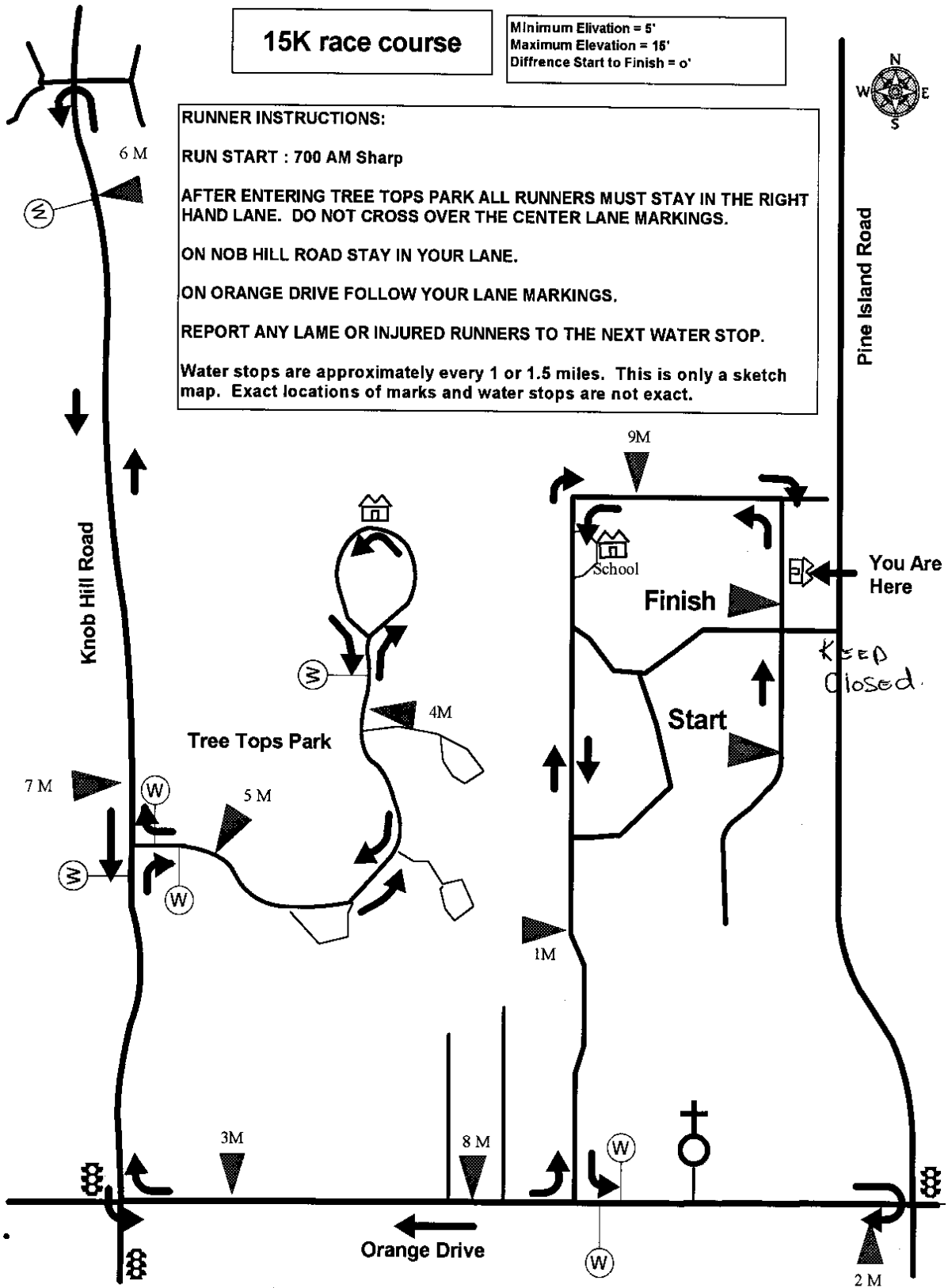
**AFTER ENTERING TREE TOPS PARK ALL RUNNERS MUST STAY IN THE RIGHT HAND LANE. DO NOT CROSS OVER THE CENTER LANE MARKINGS.**

**ON NOB HILL ROAD STAY IN YOUR LANE.**

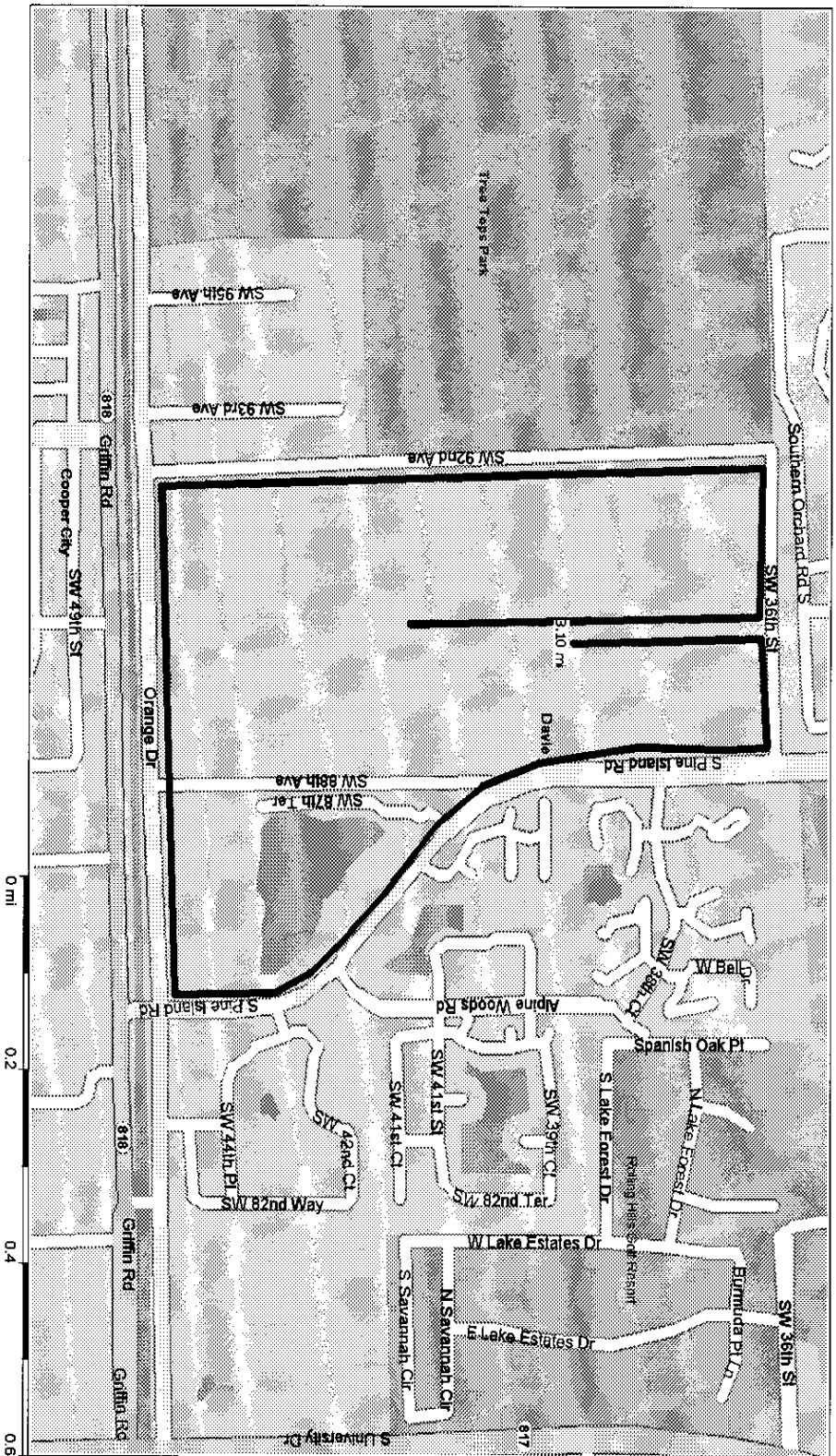
**ON ORANGE DRIVE FOLLOW YOUR LANE MARKINGS.**

**REPORT ANY LAME OR INJURED RUNNERS TO THE NEXT WATER STOP.**

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# Bamford 5K



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID IR BROWC02	DATE (MM/DD/YY) 09/27/02
<b>PRODUCER</b>  Riemer Insurance Group, Inc. PO Box 250 Hallandale FL 33008-0250 Phone: 800-742-1691 Fax: 954-454-9552		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b>  Broward Coalition For the Homeless P.O. Box 030177 Ft. Lauderdale FL 33303		<b>INSURERS AFFORDING COVERAGE</b>  INSURER A: Burlington Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E:	

#### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	B0274Q500825	06/08/02	06/08/03	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COM/OP AGG \$ Included
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS \$
					OTH-ER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Re: Annual Fundraiser Event "Run for Cover" on February 22, 2003.

<b>CERTIFICATE HOLDER</b>	<input checked="" type="checkbox"/> Y	<b>ADDITIONAL INSURED; INSURER LETTER:</b> A	<b>CANCELLATION</b>
TOWNDAV  Town of Davie Attn: Bonnie Stafiej 6591 Orange Drive Davie FL 33314		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 